

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		971	5/3/01
<b>FORMALITY REVIEW</b>	Jha	946	05/30/01
<b>RESPONSE FORMALITY REVIEW</b>	Sta	1091	01-28-02

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	1/2/01
1	J
2	J
3	J
4	C
5	O
6	J
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12	J
13	O
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22	J
23	J
24	
25	
26	O
27	J
28	O
29	J
30	J
31	J
32	J
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34	J
35	O
36	J
37	J
38	J
39	J
40	O
41	O
42	O
43	O
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Claim	Date
Final Original	51
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Claim	Date
Final Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

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1/2/01  
Jha  
1/2/01